Department of the Interior U.S. Fish and Wildlife Service



Federal Fish and Wildlife Permit Application Form

Retu	ırn to: Click here for ac	ddresses	Ty	Type of Activity:						
				E	lative Endangered Inhancement of So & Candidate Cons	urvival Pern	nits Asso	ciated with S		Agreement
	aplete sections A. OR B	_			ages of this applica	tion. Applic	ation wil	l not be consi	idered compl	ete without all
A. La La	ast name		omple		as an individual		11.	c. Middle nam	e or initial	1.d. Suffix
2.a. St	reet address (line 1)		2.	b. Street address (li	ne 2)	2	.c. Street a	address (line 3)		
3.a. City			3.b.	Province	3.c. State	3.d. Zip	p code/Pos	Postal code: 3.e. Coun		ry
4. Date of birth (mm/dd/yyyy) 5. Social Secu			ity No.		6. Occupation		7.	7.a. Home telephone number		
7.b. W	ork telephone number	7.c. Fax	7.c. Fax number		8. E-mail address			9. County		
10. Listor plan	st any business, agency, org nts to be covered by this per	ganizational, or instr rmit (see C.1.)	itutional	affiliation associate	ed with the wildlife	11. Doing by	usiness as	(dba)		
В.		Compl	ete if a	nnlying as a b	usiness, corpora	ation, publi	c agenc	v or institu	tion	
1.a. N	Name of business, agency, o Nature Conservancy				1.b. Doing business					
	Street address (line 1) 5 North Delaware Stre	eet		2.b. Street addres Suite 200	ss (line 2)		2.c. Stre	et address (line	e 3)	
3.a. City Indianaplois 3.b. Province					3.c. State			46202 US		Country A
	x identification no. 024-2652			5. Describe the t	type of business, ager onservation	ncy, or instituti	ion and pro	ovide state of i	ncorporation	
,,,,,,,, .				6.b. First name Mary				. Middle name or initial		6.d. Suffix
	incipal officer title: le Director, Indiana Op	perating Unit					8. Ho	ome telephone	number	
9. Work telephone number 10. Fax number 317-951.8818 317-917-2478			8 Mrncconnell@tnc.org				12. County Marion			
C.				Alla	applicants comp	lete				
1.	Do you currently have or have you had any Federal Fish and Wildlife permits? (For simplification, all licenses, permits, registrations, and certificates will be referred to as a permit.)									
		the number of the m							• 🗆	
2.	Have you obtained all req			ign government applied		quired 🛣	u propose			
3.	Yes If yes, provide Enclose check or money of to make substantive amo	order payable to the	U.S. FI	SH AND WILDLIE	FE SERVICE in the	amount of \$50	0 for a new	w permit/to re	new an existi	ng permit, \$25
4.	Certification: I hereby cer applicable parts in subcha best of my knowledge and	rtify that I have reach	and am	familiar with the re 50, and I certify that	egulations contained at the information su	in Title 50, Pa bmitted in this	rt 13, of th	ne Code of Fed on for a permit	eral Regulation	ns and the other
5.	Signature (in blue ink) of			•					6. Date (mr	n/dd/yyyy):
	(N)	1 M	1/	000					20 May 2	

If the information in items A. - C. below is already provided in your final Safe Harbor Agreement or final Candidate Conservation Agreement with Assurances, then you do not have to provide it here. Instead, check the box below and use the spaces provided in items A. - C. to indicate the page numbers in your Agreement that provide the requested information.



I am not providing the following information for items A. - C. as part of my Enhancement of Survival permit application, because it is already provided in my final Safe Harbor Agreement or final Candidate Conservation Agreement with Assurances (copy attached or already submitted).

If the requested information in items A. - C. is not provided in your final Safe Harbor Agreement or final Candidate Conservation Agreement with Assurances, or you are using Option II. to amend your valid Enhancement of Survival permit, then attach separate pages for the missing information. In order to assist us in processing your request, please provide the item number (A. 1.a., etc.) of the required information before each of your responses. Thank you.

Please ensure that your final Safe Harbor Agreement or Candidate Conservation Agreement with Assurances is attached if it has not been previously submitted.

If you have previously submitted a final draft Safe Harbor Agreement or Candidate Conservation Agreement with Assurances, please indicate the document's date.

Date of final draft Safe Harbor Agreement									
Date of final draft Candidate Conservation Agreement with Assurances									

Applications for an Enhancement of Survival permit associated with a Safe Harbor Agreement or Candidate Conservation Agreement with Assurances must provide the following specific information (relevant to the activity) under items A.- C. below in addition to the general information on page 1 of this application.

A. Identify species and activity:

- 1 For a new Enhancement of Survival permit:
 - a. Provide the common and scientific names of the species being requested

Enhancement of Survival Permit Application

Certification Notice

The same person who signs in box C. on page 1 of the application should sign (in blue ink) the following certification.

	(print name (s))
attest that I/we own the lands indicated in this aprights over these lands to implement the measure Candidate Conservation Agreement with Assura Survival permit. Further, upon receipt of the Ento conduct the activities as specified in the Safe	oplication, or have sufficient authority or es of the Safe Harbor Agreement and/or ences covered by the Enhancement of hancement of Survival permit, I/we agree
Conservation Agreement with Assurances according to the conservation and the conservation are sent to the conservation are sent to the conservation and the conservation are sent to the con	
Enhancement of Survival permit and its support	ing documents
May Mc Coull	$\frac{6-27-05}{\text{date}}$
signature (in blue ink)	date
Many Me Conne // please print name legibly	
signature (in blue ink)	date
please print name legibly	

The public reporting burden for completing this application is estimated to be 3 hours, including time for reviewing instructions, gathering and maintaining application data, and completing and reviewing the forms. Comments regarding the burden estimate or any other aspect of the reporting requirement(s) should be directed to the Service Information Collection Clearance Officer, MS 222 ARLSQ, Fish and Wildlife Service, Washington, DC 20240.

An agency may not conduct and a person is not required to respond to a collection of information unless a currently valid OMB control number is displayed.